

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 79827594 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	1	1	1	1	1	1	1	1
3	1	1	1	1	1	1	1	1	1	1	1
4	1	1	1	1	1	1	1	1	1	1	1
5	1	1	1	1	1	1	1	1	1	1	1
6	1	1	1	1	1	1	1	1	1	1	1
7	1	1	1	1	1	1	1	1	1	1	1
8	1	1	1	1	1	1	1	1	1	1	1
9	1	1	1	1	1	1	1	1	1	1	1
10	1	1	1	1	1	1	1	1	1	1	1
11	1	1	1	1	1	1	1	1	1	1	1
12	1	1	1	1	1	1	1	1	1	1	1
13	1	1	1	1	1	1	1	1	1	1	1
14	1	1	1	1	1	1	1	1	1	1	1
15	1	1	1	1	1	1	1	1	1	1	1
16	1	1	1	1	1	1	1	1	1	1	1
17	1	1	1	1	1	1	1	1	1	1	1
18	1	1	1	1	1	1	1	1	1	1	1
19	1	1	1	1	1	1	1	1	1	1	1
20	1	1	1	1	1	1	1	1	1	1	1
21	1	1	1	1	1	1	1	1	1	1	1
22	1	1	1	1	1	1	1	1	1	1	1
23	1	1	1	1	1	1	1	1	1	1	1
24	1	1	1	1	1	1	1	1	1	1	1
25	1	1	1	1	1	1	1	1	1	1	1
26	1	1	1	1	1	1	1	1	1	1	1
27	1	1	1	1	1	1	1	1	1	1	1
28	1	1	1	1	1	1	1	1	1	1	1
29	1	1	1	1	1	1	1	1	1	1	1
30	1	1	1	1	1	1	1	1	1	1	1
31	1	1	1	1	1	1	1	1	1	1	1
32	1	1	1	1	1	1	1	1	1	1	1
33	1	1	1	1	1	1	1	1	1	1	1
34	1	1	1	1	1	1	1	1	1	1	1
35	1	1	1	1	1	1	1	1	1	1	1
36	1	1	1	1	1	1	1	1	1	1	1
37	1	1	1	1	1	1	1	1	1	1	1
38	1	1	1	1	1	1	1	1	1	1	1
39	1	1	1	1	1	1	1	1	1	1	1
40	1	1	1	1	1	1	1	1	1	1	1
41	1	1	1	1	1	1	1	1	1	1	1
42	1	1	1	1	1	1	1	1	1	1	1
43	1	1	1	1	1	1	1	1	1	1	1
44	1	1	1	1	1	1	1	1	1	1	1
45	1	1	1	1	1	1	1	1	1	1	1
46	1	1	1	1	1	1	1	1	1	1	1
47	1	1	1	1	1	1	1	1	1	1	1
48	1	1	1	1	1	1	1	1	1	1	1
49	1	1	1	1	1	1	1	1	1	1	1
50	1	1	1	1	1	1	1	1	1	1	1
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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IND.	IND.	DEP.	IND.
DEP.			DEP.
			IND.
			DEP.
10 51			
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100			
TOTAL IND.	7		
TOTAL DEP.	171		
TOTAL CLAIMS	178		